

Change of Information Form for Parents
Mississippi Child Care Payment Program

Parent Name: _____

Parent Date of Birth: _____ Date this form was submitted to DECCD: _____

Please complete all sections below for which you need to make a change.

1. Change of Name/Address/Phone Number Date Change is Effective: _____

Current Parent Name: _____ New Parent Name*: _____

****Please submit new valid Mississippi Driver's License or Mississippi I.D. as proof of name change.***

Current Address: _____

New Address**: _____

*****Please submit valid MS Driver's License AND a mortgage/utility/medical bill reflecting new residence.***

Current Phone Number: _____ New Phone Number: _____

2. Change of Household Size Date Change is Effective: _____

Reason Change: ☐ Marriage ☐ Divorce ☐ New Child (if checked, please complete below)

Child's Full Name*: _____ Child's Date of Birth: _____

****Please submit child's long form birth certificate with this form.***

3. Change of School Enrollment Date Change is Effective: _____

☐ I am NO LONGER enrolled in an educational program. **OR** ☐ I am enrolled full time in an educational program*.

****Please submit a letter from your school's Registrar stating your full time enrollment status with this form. Course schedules are NOT acceptable documentation.***

4. Change of Employment Date Change is Effective: _____

☐ I am NO LONGER employed. **OR**

☐ My work hours have changed*. New work hours: _____

****Please submit two most recent check stubs or a letter from your employer indicating your rate of pay, how often you are paid, how many hours per week you work, and your date of employment.***

☐ I have changed employers**.

*****Please submit two most recent check stubs or a letter from your employer indicating your rate of pay, how often you are paid, how many hours per week you work, and your date of employment.***

Signature of Parent or Legal Guardian

Date

Return form and any required documents to:
DECCD
P.O. Box 352
Jackson, MS 39205